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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Nigeria

SUMMARY

The Executive Director presents the country programme strategy note for Nigeria for a programme of cooperation for the period 1997 to 2001.

Children and women in Nigeria are increasingly vulnerable to economic and political instability. Mortality rates have not improved in recent years. The lack of sustainable, participatory management of basic services has contributed to this lack of progress. The north lags far behind the south in social development. The lack of education is a major constraint to child survival and development (CSD).

The proposed country programme strategy is to contribute to the achievement of the national programme of action goals by improving access to services crucial to CSD, with a special emphasis on disparity reduction, capacity-building and sustainability. UNICEF will support local capacity by providing assistance for the formulation, implementation and monitoring of state and local government programmes of action. Community participation in the management of basic services will be stressed. Advocacy will promote greater awareness of the situation of children and women through improved data collection, analysis and information dissemination at national and subnational levels.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Thirty-four million Nigerians (33 per cent of the population) live in poverty exacerbated by economic and social stagnation and political instability. The infant mortality rate (IMR), which had declined from 200 to 87 per 1,000 live births between 1960 and 1990, has not improved since then. The under-five mortality rate (U5MR), which has reached a plateau of 191 per 1,000 live births, is 208 per 1,000 live births in poor urban areas. Malaria, diarrhoea, acute respiratory infections (ARI) and vaccine-preventable diseases account for the bulk of child deaths. Immunization coverage has declined since 1991 and is below 40 per cent. Health systems suffer from weakening political commitment and the lack of sustainable, participatory management.

2. The maternal mortality rate (MMR) is 1,500 per 100,000 live births, among the highest in the world. Nigerian women frequently marry before they reach 16 years of age and have inadequate birth spacing. Uneducated women are at greater risk because they have an average of two more children than women with secondary education. Forty-one per cent of rural women receive no delivery care. Ill-informed, poorly nourished, adolescent mothers suffer from sepsis, toxaemia/eclampsia and obstructed labour. Harmful traditional practices are common. The incidence of sexually transmitted diseases and HIV/AIDS is on the rise, particularly among youth in urban areas.

3. Forty-five per cent of girls and 58 per cent of boys suffer from stunting. Anaemia prevalence is 35 per cent among women and 29 per cent among children. The prevalence of endemic goitre is 20 per cent. Increasing food insecurity, inadequate maternal and child care, and insufficient basic health and sanitary infrastructure are underlying causes of morbidity, mortality and malnutrition. Forty-seven per cent of urban households and 64 per cent of rural households lack access to safe water. Access to safe means of excreta disposal is 52 per cent in urban areas and 30 per cent in rural areas. There has been a 95 per cent reduction in the number of cases of guinea worm disease since the 1980s, but eradication will require more effort. About 50 per cent of water facilities are functioning. The lack of government policy, resources and local community involvement contributes to low access to water supply and sanitation facilities.

4. Low educational achievement is a major constraint to child survival and development (CSD). Female literacy is 39 per cent compared to 62 per cent for men. Primary school enrolment rose from 68 per cent in 1990 to 84 per cent in 1993, with 94 per cent of boys compared to 75 per cent of girls enrolled. The completion rate is only 61 per cent and the quality of education has been falling. In the north, girls' enrolment is constrained by the low perceived value of education, and completion rates are reduced because of early marriage. In the south-east, many boys drop out of school to earn money.

5. Nigeria has good prospects of reaching the mid-decade goals in the eradication of guinea worm disease, the control of iodine deficiency disorders and primary school enrolment. Progress towards the national programme of action (NPA) goals will depend on capacity-building for sustainable service delivery based on community involvement in decision-making.

LESSONS LEARNED FROM PAST COOPERATION

6. The previous programme has demonstrated the importance of institutional frameworks in building capacity for service delivery. Reforms have strengthened coordination by the National Planning Commission, reinforced the national management of the water supply and environmental sanitation programme, and brought a new focus on girls' education through a situation and policy analysis. The Federal Government ratified the Convention on the Rights of the Child and the Convention for the Elimination of All Forms of Discrimination Against Women. The principal means of implementing these will be the NPA. State and local plans of action will be used to mobilize resources and target basic services in a coordinated manner.

7. Some programmes were constrained by weak coordination with other development partners. Some initiatives, such as food production and processing, would be better handled by the Food and Agriculture Organization of the United Nations and the International Labour Organisation. UNICEF would then be able to enhance its contribution to maternal and child health care, micronutrients, national nutrition policy development and the Bamako Initiative as the prime strategy for revitalizing sustainable health systems.

8. The lack of a coherent strategy resulted in the provision of some costly hardware that is difficult to maintain. Campaigns to boost service coverage undermined long-term sustainability and led to a lack of capacity-building in local service delivery mechanisms. A weak framework emerged for promoting community participation in the management and financing of basic services and for reducing excessive community dependence on the Government. UNICEF should support the development of service delivery systems which include participation based on capacity-building and the empowerment of Nigerian communities.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The NPA was formulated using the framework of the Convention on the Rights of the Child and incorporates the World Summit for Children goals. It aims, by the year 2000, to reduce from current levels IMR to 60 per 1,000 live births, U5MR to 80 per 1,000 live births and MMR to 750 per 100,000 live births. Other goals include universal access to basic education, safe drinking water and safe means of human excreta disposal. The objective of the country programme of cooperation is to contribute to the achievement of the NPA goals by (a) improving access to crucial services; and (b) reducing disparities in education. Community participation in the management of basic services will enhance the prospects of both capacity-building and sustainability. A strategy for advocacy will promote greater awareness of the situation of children and women through improved data collection, analysis and information dissemination at national and subnational levels. Local capacity will be built by strengthening the formulation, implementation and monitoring of state and local government programmes of action.

10. The objectives of the health programme are (a) to establish a primary health care (PHC) system based on Bamako Initiative strategies and provide a minimum care package in at least 250 out of a total of 493 Local Government Areas (LGAs); (b) to provide access to reproductive and maternal health care, including emergency obstetric care, at district level referral facilities in 150 underserved LGAs; and (c) to sustain local PHC operating costs at less than $4 per capita per year and work out feasible cost-sharing between local, state and federal governments, communities and donors. Capacity-building strategies

will include district-level microplanning and monitoring and training of health staff in technical and management skills. At the national level, the programme also will support training in health system planning, programme management and health information systems, and provide logistics support for the expanded programme on immunization, essential drugs supply and supervision systems. The empowerment strategy will foster community involvement in the management of health facilities, including the effective participation of women in decision-making. Communities also will be empowered with vital health information. At the health facility level, the focus will be on the integrated management of the sick child and the convergent delivery of services to improve the prevention, diagnosis and treatment of malaria, ARI and diarrhoea.

11. The nutrition programme will have nationwide coverage to (a) reduce the prevalence of vitamin A and iron deficiency by 50 per cent; (b) sustain universal access to and use of iodized edible salt; (c) reduce the incidence of low birth weight to 10 per cent; and (d) increase the use of exclusive breast-feeding to above 25 per cent. As a service delivery strategy, vitamin A and iron supplementation will be delivered through a revitalized PHC structure, complemented by community and private sector efforts to promote food fortification and dietary diversification. Partners will include non-governmental organizations (NGOs), mothers' clubs and community groups, which will create awareness of nutrition problems and initiate community action. Nutrition information systems will be developed as the basis for community action. Local-level capacity-building will include nutrition training for care providers. The social mobilization strategy will promote exclusive breast-feeding, antenatal care and better nutrition during pregnancy. Strong social marketing will be a key strategy for nutrition. UNICEF will support the National Committee on Food and Nutrition in policy development, monitoring and evaluation activities.

12. The water supply and environmental sanitation programme will continue to cover 17 states. The objectives will be to (a) establish 7,000 new and rehabilitate 3,000 existing water sources; (b) provide 20,000 improved latrines; (c) improve the level of functioning of water sources to 80 per cent; (d) eradicate guinea worm disease; and (e) reduce by 50 per cent the four hours women and children spend daily on water collection. The strategy will involve local capacity development of low-cost and sustainable approaches; training in planning, management and monitoring at national, state and LGA levels; community-based maintenance systems; the mobilization of donors, NGOs and communities to provide support for water supply and sanitation; and the promotion of knowledge of hygienic practices.

13. The objectives of the education programme will be to (a) increase girls' enrolment in eight northern states from 30 to 60 per cent; (b) increase the boys' completion rate in four south-eastern states from 40 to 80 per cent; and (c) reduce the primary national education gender gap from 20 to 10 per cent. The principal strategy will be to build capacity in the planning and management of primary education, with an emphasis on the assessment of learning achievement and the development and supply of learning and teaching materials. The recruitment of more female teachers and the upgrading of curricula and teaching skills in koranic schools will be priorities. Advocacy will focus on implementation of the compulsory education policy and the mobilization of communities to improve enrolment and attendance. Social mobilization will be used to increase other donor support for education.

14. The urban basic services programme will strengthen the knowledge base through an urban situation analysis. Pilot cross-sectoral projects will promote community organization, skills development and income generation in selected

urban areas. This preliminary thrust will provide the basis for the development of an urban programme to be implemented after the mid-term review.

15. The gender and development programme will monitor and reduce gender disparities in all programmes using a gender-disaggregated database at national and subnational levels. Through advocacy, the strategy will be to raise awareness of the Convention on the Elimination of All Forms of Discrimination Against Women and promote legislation to prevent female genital mutilation and other harmful traditional practices. The capacity-building strategy will be to train partners in gender-responsive information management and programming and to disseminate communication materials on gender issues.

16. The communication and information programme will deepen public commitment to the implementation of the Convention on the Rights of the Child and enhance community awareness of the immediate and underlying causes of CSD problems. Cross-sectoral linkages will be fostered by building the capacity of federal and state ministries, NGOs and the private sector to develop and use effective communication packages. Community theatre, traditional institutions, local leaders and service workers will enhance interpersonal skills to address key behavioural issues. Messages on child welfare and life skills also will be incorporated into the curricula of formal and non-formal education programmes.

17. Programme planning, monitoring and evaluation will continue to use information from routine sectoral data sources and multiple indicator cluster and integrated household surveys to monitor programme progress. UNICEF will assist LGAs to develop local programmes of action for children. The programme will concentrate on cost analysis and sustainable financing for basic service delivery that will involve reliable Government and community inputs. In view of the fluid country situation, there will be frequent programme reviews to allow for necessary adjustments, which may include emergency preparedness.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	18 000	7 000	25 000
Nutrition	9 000	5 000	14 000
Water supply and sanitation	11 000	5 000	16 000
Education	16 000	6 000	22 000
Urban basic services	3 000	1 000	4 000
Gender and development	3 000	1 000	4 000
Programme communication and information	4 000	-	4 000
Programme planning, monitoring and evaluation	3 000	-	3 000
Total	67,000	25,000	92,000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.